ADELAIDE PATIENT PARTICIPATION GROUP (PPG)

Zoom meeting notes Wed 8 March 2023

|  |  |
| --- | --- |
| **Present:**  Belgin Bozsahin (Practice Manager)  Carlie Newman (part)  Hilary Lance (Chair)  Juan Schehtman  Mark Agathangelou  Michael Fletcher (part)  Natasha Leith-Smith  Pam Millard  Sara Katchi  Sheila Rossan  Vanda Renton | **Not in attendance:**  Bee Thompson  Cathy Katz (GP)  Jamila Heinecke  Pat Callaghan |

|  |  |
| --- | --- |
| **Item** | **Action** |
| 1. **Attendance** – as above   Carlie attended part of the meeting from her hospital bed while awaiting surgery . The PPG sent her their best wishes for a speedy recovery |  |
| 1. **Practice update**  * **Staffing**: two receptionists are leaving and two full time replacements will be joining the Practice . They will have relevant experience so will be quickly inducted into the Practice.   Dr Yasmin Keder is back from maternity leave working 4 sessions a week on Mondays and Wednesdays.  In answer to a question the PPG was told that the Practice is fully staffed for GPs and the newer salaried GPs are not planning to leave. Dr Craven’s change of role has led to his list being shared between the other three partners which leads to a heavy workload. This may lead to the appointment of an additional six sessions of salaried GP time.  Adelaide still wants to retain patients having a named GP   * **PCN work managing long term conditions:** A pilot is starting, in association with Islington, on managing heart failure more effectively. The work is supported by the Camden Health Partners (a GP Federation formerly Haverstock Federation and one of two Camden GP Federations ) . The work includes: better early identification of those at risk of heart failure; more effective management of those with heart failure including ways of engaging more effectively with those patients who are not ready or are unwilling to engage. The work includes better data capture and the setting up of regular MDT (multidisciplinary team) meetings for more complex cases on the heart failure register. These meetings include hospital consultants, and this approach also provides upskilling of more junior doctors. A hub for this work will be managed by the GP Federation - location to be decided. Belgin is the project lead for the heart failure work. Already two support workers (Health Care Assistants) are funded and managed by Belgin and they will work across the Practices in our PCN (Primary Care Network)   In April 23 the LTC (Long term Conditions) contract will be changed with fuller implementation targeted for 24-25 . So, this LTC work is an accelerating programme with the aim of a multifaceted approach , more streamlined , making monitoring and the patient journey easier through more efficient call and recall, more co-ordination of reviews and clinical tests and fewer fragmented consultations leading to better health outcomes, greater efficiency and consistency between practices .   * **Donations:** NHS England have been notified about the large donation and how it has been spent (on refurbishment, maintenance and some medical equipment which will benefit both patients and clinicians.)   The recent smaller donation is being spent on e**.**g. chairs for the doctors’ surgeries which comply with infection control regulations.  In both cases Belgin has discussed suggestions with the clinical team and agreed with the relevant donor the use of the donation .  Both donations have been logged with detailed information on the amount had how it has been spent (in accordance with NHS guidelines)  A suggestion was made that there be something on the website which told prospective donors how to donate. This was judged inappropriate and not within the ethical spirit of NHS guidance about gifts/donations. Setting up a Practice based charitable status to manage donations (which are rare) is not viable – unlike e.g the RFH charitable status. The PPG felt reassured about the process adopted and the decisions being made by the practice. Large donations do not affect the Practice income.   * **On-line consultation platform.** No decision has yet been made about which portal the PCN/Camden will adopt though the aim is for consistency across Practices .The main portals are gradually becoming more similar , more user friendly for both patients and Practice staff. Both Hilary and Belgin agree that eConsult is still too clunky. Belgin has an aim of cutting down on the use of emails by patients and this is proving an inefficient use of GP time. It is hoped that the adopted portal will provide an effective alternative. Adelaide has no plans to force all patients down the route of the on-line portal. |  |
| 1. **Patient surveys**  * **Adelaide annual patient survey:** some mixed views about this in terms of survey overload re national survey and FF&T (Friend and Family Test). An advantage is that by using the same questions every year the Practice monitors improvement (or lack of it) and by adding one unique question each year we can collect info not collected in other ways. Views on use Physician Assistants was suggested. * There was some support doing a survey in a consistent way across PCN practices for comparison purpose - though a concern was raised about possible unhealthy competitiveness. * **National annual survey .** It was suggestedwe ask for additional questions around Additional Roles Reimbursement Scheme (ARRS) – Physician Associates, Care Navigators, Care Coordinators, Social Prescribers. Some reservations expressed in terms of how useful this would be as interpretation might be distorted differing practices. * Agreed Belgin and Hilary revisit this in the light of PPG discussion | Belgin & Hilary |
| 1. **Visiting speakers**   Members in favour and asked to put forward suggestions for PPG meetings  Suggested that work of the PAs (Physician Assistants ) would be a good topic for an open meeting – when we can have one. A PA to describe their work and how they are supervised, maybe input from a supervisor, followed by a Q& A session | All |
| 1. **Next PPG meeting**   It is proposed that the next meeting will 1-1.5 hours and will focus on a review of our work over 2022-23 with a view to a work programme for 2023-24  Relevant documents will be circulated in advance of the meeting as  an aide memoire. PPG Members are asked to prepare for the  meeting by looking through these documents so that we may have a profitable discussion. | All |
| 1. **AOB**  * Are **PAs (Physician Associates)** making a difference in waiting times for appointments? Yes, a significant difference. Patients are also, on the whole, very satisfied and the Practice and decreasingly fewer issues /concerns are raised by patients. * The **PA role** maybe extended to e.g. home visits , and work focusing on patients with high demand clinical issues requiring regular monitoring * We learned of **comparative Practices performance data** collected at the Camden Directorate level . It was suggested that some of the data might be made readily available to e.g. PPGs . Mark as chair of CPPEG to raise at Camden Directorate level | Mark |

Next meeting Wed 10 May 2023 12 -1.30 - see 5 above

HL/9.3.23.